

115649

111-89

Vital Records Unit
CERTIFICATE OF DEATH

BOOK 133 PAGE 643

1989

State Form 100-1

1. DECEDENT'S NAME Vera Ellen ROGERS		2. SEX Female		3. DATE OF DEATH Oct. 9, 1989	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE (Last Birth Day) 69		5b. UNDER 1 Year Under 1 Day	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? [] Yes [X] No		7. BIRTHPLACE (City and State or Foreign Country) Morton, WA		8. DATE OF BIRTH (Month, Day, Year) Sept. 15, 1920	
9. FACILITY NAME (If not institution, give street and number) Hood River Memorial Hospital		10. PLACE OF DEATH (Check only one) [X] Hospital [] Home [] Other (Specify)		11. CITY, TOWN, OR LOCATION OF DEATH Hood River	
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life to age 18 or retired) Homemaker		13. KIND OF BUSINESS/INDUSTRY Own Home		14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
15. RESIDENCE - STATE Washington		16. COUNTY Skamania		17. SPOUSE (If married, give name) Robert E. Rogers	
18. INSIDE CITY LIMITS? [] Yes [X] No		19. ZIP CODE 98605		20. CITY, TOWN, OR LOCATION Cook	
21. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] No [] Yes		22. RACE (American Indian, Black, White, etc. (Specify)) White		23. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12)	
24. FATHER - NAME (Last, first, middle) Franklin - Smith		25. MOTHER - NAME (Last, first, middle) Verna Pearl Chesser		26. INFORMANT - NAME and relationship to decedent Robert Rogers, Husband	
27. METHOD OF DISPOSITION [] Burial [X] Cremation [] Removal from State		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Park Hill Crematory		29. LOCATION - City or Town, State Vancouver, WA	
30. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH R. P. Dinickx		31. LICENSE NUMBER (Of licensee) 1482		32. NAME, ADDRESS AND ZIP OF FACILITY GARDNER FUNERAL HOME, INC. Box 390 White Salmon, WA 98672	
33. FILED (Month, Day, Year) OCT 11 1989		34. REGISTRAR'S SIGNATURE [Signature]		35. WAS GIFT MADE? [X] YES [] NO [] N/A	
36. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [X] YES [] NO [] N/A		37. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 1425 M		38. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH M	
39. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) J. Allan Henderson MD		40. DATE SIGNED (Month, Day, Year) 10-10-89		41. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	
42. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) J. Allan Henderson, M.D. 11th & June Hood River, OR 97031		43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		44. COUNTY Clatsop	
45. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. PART I (a) metastatic hyponephroma left kidney DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)		46. PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		47. 37. Did tobacco use contribute to the death? [] Yes [X] No [] Probably [] Unk	
48. MANNER OF DEATH [X] Natural [] Pending Investigation [] Accident [] Undetermined Manner [] Suicide [] Legal Intervention		49. DATE OF INJURY (Month, Day, Year) None		50. TIME OF INJURY M [] Yes [] No	
51. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		52. LOCATION (Street and Number or P.O. Box, etc.) REAL ESTATE EXCISE TAX		53. 38. AUTOPSY [] Yes [X] No	
54. 39. If YES, was there a known or suspected cause of death? [] Yes [X] No [] N/A		55. 40. 39. If YES, was there a known or suspected cause of death? [] Yes [X] No [] N/A		56. 41. 39. If YES, was there a known or suspected cause of death? [] Yes [X] No [] N/A	

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BY SKAMANIA CO. TITLE

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GARDNER

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FEB 25 1993

PAID [Signature]

CLATSOP COUNTY TREASURER